

**Political Organization
Report of Contributions and Expenditures**

OMB No 1545-1696

► See Separate instructions.

A For the period beginning **01/01**, 20 **13** and ending **06/30**, 20 **13**

B Check applicable boxes: ☒ Initial report ☐ Change of address ☐ Amended report ☐ Final report

1 Name of organization **Concerned Citizens of Bethlehem Area School District** **Employer identification number** **27-1272603**

2 Mailing address (P.O. Box or number, street, and room or suite number)
PO Box 4076

City or town, state, and ZIP code
Bethlehem PA 18018-0076

3 E-mail address of organization **none** **4** Date organization was formed **11/09/2009**

5a Name of custodian of records **Patric T Shea** **5b** Custodian's address **same as organization**

6a Name of contact person **Patric T Shea** **6b** Contact person's address **same as organization**

7 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number
City or town, state, and ZIP code

8 Type of report (check only one box)

a ☐ First quarterly report (due by April 15)

b ☐ Second quarterly report (due by July 15)

c ☐ Third quarterly report (due by October 15)

d ☐ Year-end report (due by January 31)

e ☒ Mid-year report (Non-election year only-due by July 31)

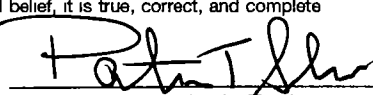
f ☐ Monthly report for the month of: _____
(due by the 20th day following the month shown above, except the December report, which is due by January 31)

g ☐ Pre-election report (due by the 12th or 15th day before the election)
(1) Type of election: _____
(2) Date of election: _____
(3) For the state of: _____

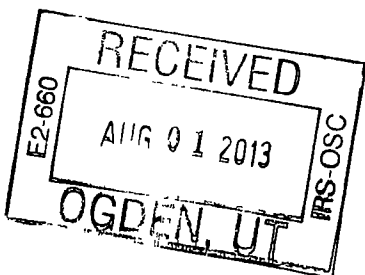
h ☐ Post-general election report (due by the 30th day after general election)
(1) Date of election: _____
(2) For the state of: _____

9 Total amount of reported contributions (total from all attached Schedules A).	9	0
10 Total amount of reported expenditures (total from all attached Schedules B).	10	0

Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete

Sign Here  **28 JUL 13**
Signature of authorized official Date

For Paperwork Reduction Act Notice, see separate instructions. Cat. No. 30406G Form **8872** (11-2002)



SCANNED AUG 08 2013

Schedule A Itemized Contributions		Schedule A page 1 of 1
Name of organization Concerned Citizens of Bethlehem Area School District		Employer identification number 27-1272603

Contributor's name, mailing address and ZIP code none	Name of contributor's employer	Amount of contribution
	Contributor's occupation	
	Aggregate contributions year-to-date . . . ▶ \$	\$ 0
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	
	Aggregate contributions year-to-date . . . ▶ \$	\$
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	
	Aggregate contributions year-to-date . . . ▶ \$	\$
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	
	Aggregate contributions year-to-date . . . ▶ \$	\$
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	
	Aggregate contributions year-to-date . . . ▶ \$	\$
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	
	Aggregate contributions year-to-date . . . ▶ \$	\$
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	
	Aggregate contributions year-to-date . . . ▶ \$	\$
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	
	Aggregate contributions year-to-date . . . ▶ \$	\$
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	
	Aggregate contributions year-to-date . . . ▶ \$	\$

Subtotal of contributions reported on this page only. Enter here and also include this amount in the total on line 9 of Form 8872 ▶	\$ 0
--	-------------

Schedule B Itemized Expenditures		Schedule B page 1 of 1
Name of organization Concerned Citizens of Bethlehem Area School District		Employer identification number 27-1272603

Recipient's name, mailing address and ZIP code none	Name of recipient's employer	Amount of expenditure \$ 0
	Recipient's occupation	Date of expenditure

Purpose of expenditure

Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of expenditure \$
	Recipient's occupation	Date of expenditure

Purpose of expenditure

Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of expenditure \$
	Recipient's occupation	Date of expenditure

Purpose of expenditure

Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of expenditure \$
	Recipient's occupation	Date of expenditure

Purpose of expenditure

Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of expenditure \$
	Recipient's occupation	Date of expenditure

Purpose of expenditure

Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of expenditure \$
	Recipient's occupation	Date of expenditure

Purpose of expenditure

Total of expenditures reported on this page only. Enter here and also include this amount in the total on 10 of Form 8872	\$ 0
--	-------------